

<p style="text-align: center;"><i>Effective on 12/08/2004.</i> <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i></p> <h2 style="text-align: center;">FEE TRANSMITTAL</h2> <h3 style="text-align: center;">For FY 2007</h3>		<p style="text-align: center;"><b>Complete if Known</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>09/608,874-Conf. #2635</td> </tr> <tr> <td>Filing Date</td> <td>June 30, 2000</td> </tr> <tr> <td>First Named Inventor</td> <td>Jyoti Mazumder</td> </tr> <tr> <td>Examiner Name</td> <td>S. R. Garland</td> </tr> <tr> <td>Art Unit</td> <td>2125</td> </tr> <tr> <td>Attorney Docket No.</td> <td>POM-12302/29</td> </tr> </table>		Application Number	09/608,874-Conf. #2635	Filing Date	June 30, 2000	First Named Inventor	Jyoti Mazumder	Examiner Name	S. R. Garland	Art Unit	2125	Attorney Docket No.	POM-12302/29
Application Number	09/608,874-Conf. #2635														
Filing Date	June 30, 2000														
First Named Inventor	Jyoti Mazumder														
Examiner Name	S. R. Garland														
Art Unit	2125														
Attorney Docket No.	POM-12302/29														
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27															
TOTAL AMOUNT OF PAYMENT	(\$)	1,000.00													

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify):	
<input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: <u>07-1180</u> Deposit Account Name: <u>Gifford, Krass, Sprinkle, Anderson &amp; Citkowski,</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Small Entity	Small Entity	Small Entity	Small Entity	Small Entity	Small Entity	
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
							<b>Small Entity</b>
							<u>Fee (\$)</u> <u>Fee (\$)</u>
<b>2. EXCESS CLAIM FEES</b>							
<u>Fee Description</u>							<u>Fee (\$)</u> <u>Fee (\$)</u>
Each claim over 20 (including Reissues)							50    25
Each independent claim over 3 (including Reissues)							200    100
Multiple dependent claims							360    180
							<b>Multiple Dependent Claims</b>
<u>Total Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>							<u>Fee (\$)</u> <u>Fee Paid (\$)</u>
9    -20 = x = _____							_____    _____
HP = highest number of total claims paid for, if greater than 20.							_____    _____
<u>Indep. Claims</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>							<u>Fee (\$)</u> <u>Fee Paid (\$)</u>
2    -3 = x = _____							_____    _____
HP = highest number of independent claims paid for, if greater than 3.							_____    _____
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<u>Total Sheets</u> <u>Extra Sheets</u> <u>Number of each additional 50 or fraction thereof</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>							
_____ - 100 = _____ /50 = _____ (round up to a whole number) x _____ = _____							
<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity discount)							700.00
Other (e.g., late filing surcharge): 2501 Utility issue fee							300.00
1504 Publication fee for early, voluntary, or normal ...							300.00

<b>SUBMITTED BY</b>			
Signature	/John G. Posa/	Registration No. (Attorney/Agent)	37,424
Telephone	(734) 913-9300		
Name (Print/Type)	John G. Posa	Date	September 14, 2007